

SERIAL NUMBER <div style="text-align: center;">09/386,112</div>	FILING DATE <div style="text-align: center;">08/30/99</div>	CLASS <div style="text-align: center;">257</div>	GROUP ART UNIT <div style="text-align: center;">2811</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">AMDA.261PA</div>
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APPLICANT

MICHAEL R. BRUCE, AUSTIN, TX; RAMA R. GORUGANTHU, AUSTIN, TX.

****CONTINUING DOMESTIC DATA*******
 VERIFIED

****371 (NAT'L STAGE) DATA*******
 VERIFIED

****FOREIGN APPLICATIONS*******
 VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/13/99

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Initials</u> _____ <u>Initials</u> _____	STATE OR COUNTRY <div style="text-align: center;">TX</div>	SHEETS DRAWING <div style="text-align: center;">2</div>	TOTAL CLAIMS <div style="text-align: center;">16</div>	INDEPENDENT CLAIMS <div style="text-align: center;">3</div>
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ADDRESS

CRAWFORD PLLC
 1270 NORTHLAND DRIVE
 SUITE 390
 ST PAUL MN 55120

TITLE

DUAL-DIFFERENTIAL INTERFROMETRY FOR SILICON DEVICE DAMAGE DETECTION

FILING FEE RECEIVED <div style="text-align: center;">\$890</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

BIBDATASHEET

CONFIRMATION NO. 1027

Bib Data Sheet

SERIAL NUMBER 09/386,112	FILING DATE 08/30/1999 RULE	CLASS 356	GROUP ART UNIT 2877	ATTORNEY DOCKET NO. AMDA.261PA	
APPLICANTS MICHAEL R. BRUCE, AUSTIN, TX; RAMA R. GORUGANTHU, AUSTIN, TX; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/13/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY TX	SHEETS DRAWING 2	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 3
ADDRESS CRAWFORD PLLC 1270 NORTHLAND DRIVE SUITE 390 ST PAUL , MN 55120					
TITLE DUAL-DIFFERENTIAL INTERFROMETRY FOR SILICON DEVICE DAMAGE DETECTION					
FILING FEE RECEIVED 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)		